

Teen Court Application

(for Teen Court Officers)

Please Print:

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

CITY: _____

PHONE NUMBER: _____ ZIP CODE: _____

EMAIL: _____ DATE OF BIRTH: _____ AGE: _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN: _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____

RELATIONSHIP TO VOLUNTEER: _____ PHONE NUMBER: _____

DO YOU HAVE ANY RELATIVES WHO LIVE LOCALLY THAT ARE INVOLVED IN THE COURTS? (i.e., law
profession, law enforcement, etc.) PLEASE LIST: _____

DO YOU HAVE ANY HOBBIES OR SPECIAL INTERESTS? PLEASE LIST: _____

ARE YOU CURRENTLY ACTIVE IN COMMUNITY, CHURCH OR OTHER ORGANIZATIONS? PLEASE LIST: _____

HAVE YOU EVER WORKED IN A VOLUNTEER CAPACITY BEFORE? IF YES, PLEASE DESCRIBE:

HOW DID YOU HEAR ABOUT TEEN COURT? _____

WHY WOULD YOU LIKE TO PARTICIPATE IN THE PROGRAM? _____

WHAT ARE YOUR PLANS AFTER GRADUATION FROM HIGH SCHOOL? _____

WHAT COURSE OF STUDY OR WHAT CAREER ARE YOU INTERESTED IN? _____

HOW MANY NIGHTS CAN YOU CONTRIBUTE TO THE PROGRAM EACH MONTH? CIRCLE ONE:

1 2 3 4 Nights

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY? () YES () NO

IF SO, WHAT CHARGE? _____

HAVE YOU EVER OBSERVED ANY LAW ENFORCEMENT PROCEDURES OR HAD ANY EXPERIENCE WITH

THE COURT SYSTEM? IF SO, EXPLAIN: _____

HAVE YOU EVER BEEN THE VICTIM OF A CRIME: () YES () NO

IF YES, PLEASE EXPLAIN: _____

REFERENCES:

APPLICANT SHOULD INCLUDE ONE EDUCATIONAL REFERENCE AND ONE COMMUNITY REFERENCE. THE EDUCATIONAL REFERENCE MAY BE A TEACHER OR AN ADMINISTRATOR. THE COMMUNITY REFERENCE SHOULD BE OVER TWENTY-ONE YEARS OF AGE AND SHOULD NOT BE A RELATIVE.

EDUCATIONAL REFERENCE:

NAME: _____ POSITION _____

BUSINESS ADDRESS: _____ PHONE NUMBER: _____

COMMUNITY REFERENCE:

NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

I HEREBY CERTIFY THE FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF I AM ACCEPTED AS A TEEN COURT OFFICER, I WILL STAY INVOLVED THROUGH COMMITTED SERVICE FOR AT LEAST ONE YEAR.

SIGNATURE OF VOLUNTEER: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____